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SCANNED JUN 1 0 2013

Form **990-EZ** Department of the Treasury

Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501 (c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit frust or private foundation)
Sponsonng organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

Open to Public Inspection

_			alendar year, or tax year beginning OCT 1 , 2011 and ending SE	P 3	0,	2012				
В	Check if applicab	le	C Name of organization	D Em	ployer i	dentification number				
Ę	Addr	Address change DOWNTOWN AMARILLO KIWANIS								
		change	FOUNDATION OF AMARILLO TEXAS	7	75-6037468					
	Initial	return	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Tel	E Telephone number					
	Term	inated	P O BOX 9538	8	8063765575					
	Amer	ded return	City or town, state or country, and ZIP + 4	F Gro	Group Exemption					
\perp	Applic	ation pending		mber 🕨						
		iting Meth	H Ch	eck 🕨	X if the organization is not					
		e· ▶ <u>N</u>		req	juired to	attach Schedule B				
<u>1</u>	Tax-ex	empt stat	<u>us (check only one)</u> — X 501(c)(3) — 501(c) () ◀(insert no) — 4947(a)(1) or — 527	(Fo	rm 990	, 990-EZ, or 990-PF)				
K	Check		ıf the organization is not a section 509(a)(3) supporting organization or a section 527 organization <mark>and</mark> its ç	ross r	eceipts a	are normally not more than				
;	\$50,00	0 A Form	990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instruction	ons) B	ut if the	organization chooses to file				
	a returi	n, be sure	to file a complete return							
L	Add lin	es 5b, 6c,	and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part	II,						
			B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	55,541.				
P	art I	Reve	enue, Expenses, and Changes in Net Assets or Fund Balances (see the instr	uctions	for Par	·				
	,	Check	of the organization used Schedule O to respond to any question in this Part I		, ,	X				
	1	Contribu	cions, gifts, grants, and similar amounts received		1	1,284.				
	2	Program	service revenue including government fees and contracts		2					
	3	Members	ship dues and assessments		3					
	4	Investme	nt income SEE SCHEDULE O		4	68.				
	5a	Gross an	nount from sale of assets other than inventory 5a							
	b	Less cos	et or other basis and sales expenses 5b							
	C	Gain or (oss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c						
	6	Gaming a	and fundraising events							
<u>o</u>	a	Gross ind	come from gaming (attach Schedule G if greater than							
en		\$15,000	6a							
Revenue	b	Gross in	come from fundraising events (not including \$ of contributions							
_	1	from fun	draising events reported on line 1) (attach Schedule G if the sum of such							
	1	gross ind	ome and contributions exceeds \$15,000) 6b 54,1	<u>89.</u>						
	C	Less. dir	ect expenses from gaming and fundraising events 6c 7, 9	15.						
	d	Net incor	ne or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	46,274.				
	7a	Gross sa	les of inventory, less returns and allowances 7a							
	b	Less co	st of goods sold							
	C	Gross pr	ofit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c					
	8	Other rev	enue (describe in Schedule O)		8					
	9	Total rev	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	47,626.				
	10	Grants a	nd similar amounts paid (list in Schedule O)		10					
	11	Benefits	paid to or for members		11					
es	12	Salaries,	other compensation, and employee benefits		12					
SUS	13	Professi	onal fees and other payments to independent contractors D SEE SCHEDULE O		13					
Expenses	14	Occupan	cy, rent, utilities, and maintenance TLOLIVED SEE SCHEDULE O		14	926.				
щ	15		publications, postage, and shipping		15					
	16	Other ex	penses (describe in Schedule 📆 MAY 2 0 2013 📮 SEE SCHEDULE O		16	40,720.				
	17		publications, postage, and shipping penses (describe in Schedule D) MAY 2 0 2013 SEE SCHEDULE O	>	17	41,646.				
S.	18		r (deficit) for the year (Subtract line 17 / from line 9)		18	5,980.				
Net Assets	19		is or fund balances at beginning of year (from line 27, column (A))							
t As		-	ree with end-of-year figure reported on prior year's return)		19	46,512.				
Š	20		anges in net assets or fund balances (explain in Schedule O)		20	0.				
	21	Net asse	ts or fund balances at end of year_Combine lines 18 through 20	>	21	52,492.				

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2011)

DOWNTOWN AMARILLO KIWANIS FOUNDATION OF AMARILLO TEXAS Form 990-EZ (2011) 75-6037468 Part II Balance Sheets. (see the instructions for Part II.) Check if the organization used Schedule O to respond to any question in this Part II X(A) Beginning of year (B) End of year 48,838. 52,117. Cash, savings, and investments 22 22 23 Land and buildings 23 SEE SCHEDULE O Other assets (describe in Schedule O) 697. 24 507. 24 49,535. 52,624. 25 25 Total assets 3,023. 26 SEE SCHEDULE O 132. 26 Total liabilities (describe in Schedule O) 46,512. 52,492. Net assets or fund balances (line 27 of column (B) must agree with line 21) Part III Statement of Program Service Accomplishments (see the instructions for Part III.) Expenses (Required for section Check if the organization used Schedule O to respond to any question in this Part III X 501(c)(3) and 501(c)(4) What is the organization's primary exempt purpose? SEE SCHEDULE O organizations and section 4947(a)(1) trusts, optional Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise for others.) manner, describe the services provided, the number of persons benefited, and other relevant information for each program title FLAG PROJECT: AMERICAN FLAGS ARE PLACED AT RESIDENCES IN THE COMMUNITY ON NATIONAL HOLIDAYS. PROMOTES PATRIOTISM AND COMMUNITY SERVICE BY THE KIWANIS ORGANIZATION. (Grants \$) If this amount includes foreign grants, check here 28a GOLF TOURNAMENT: CLUB ORGANIZES A TOURNAMENT WITH COMMUNITY PARTICIPANTS TO RAISE FUNDS FOR DISTRIBUTION LOCAL CHARITIES AND PROMOTE KIWANIS. (Grants \$) If this amount includes foreign grants, check here 29a 30) If this amount includes foreign grants, check here 30a (Grants \$ SEE SCHEDULE O 31 Other program services (describe in Schedule O)) If this amount includes foreign grants, check here 31 a 0. Total program service expenses (add lines 28a through 31a) ▶ 32 Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (b) Title and average hours (d) Health benefits, (e) Estimated (C) Reportable contributions to per week devoted to compensation (Forms amount of other employee benefit plans, and deferred compensation (a) Name and address W-2/1099-MISC) (if not paid, enter -0-) position compensation N/A 0.00 0. 0. 0. FOUNDATION OF AMARILLO TEXAS

75-6037468

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instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V X Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each X activity in Schedule O 33 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended X documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? Х 35a N/A b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax X requirements during the year? If "Yes," complete Schedule C, Part III 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," X complete applicable parts of Schedule N 36 0. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions X b Did the organization file Form 1120-POL for this year? 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made Х in a prior year and still outstanding at the end of the tax year covered by this return? 38a b If "Yes," complete Schedule L, Part II and enter the total amount involved N/A Section 501(c)(7) organizations Enter N/A a Initiation fees and capital contributions included on line 9 39a N/A 39b b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under 0. section 4911 ► 0 • , section 4912 ► b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? Х If "Yes," complete Schedule L. Part I 40b Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers. 0. or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the 0. organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter X transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed $\triangleright TX$ Telephone no ▶ 8063765575 42a The organization's books are in care of ▶ DEBBIE BIPPUS Located at ▶ 801 S FILLMORE SUITE 710, AMARILLO, ZIP+4 ► 79101 b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b Х If "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? X 42c If "Yes," enter the name of the foreign country. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ 43 N/A and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of X Form 990-EZ 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b Х Х c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation 44d X 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) Form 990-EZ (2011)

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

7	5	_	6	0	3	7	4	6	8	
_	_			_						_

Page 4

									Yes	No
46		organization engage, directly or indirectly, in po	litical campaign activitie	s on behalf of or in o	opposition	to candidates for pu	iblic office?	46		v
Pa		complete Schedule C, Part I Section 501(c)(3) organizations	and section 49	47(a)(1) none	emnt (charitable trus	sts only A	l secti	on 501	(c)(3)
		organizations and section 4947(a)(1) non			-		_			(0)(0)
		for lines 50 and 51. Check if the organiza	ation used Schedule	O to respond to a	ny questi	on in this Part VI				
									Yes	
47		organization engage in lobbying activities or hav		-	the tax yea	ar? If "Yes," complete	Sch C, Part i		-	X
48		ganization a school as described in section 170						48	 	X
		organization make any transfers to an exempt n was the related organization a section 527 orga		ganization?				49a 49b	1	_
50		e this table for the organization's five highest c		(other than officers	directors	trustees and key en	nolovees) who		ceived	more
		0,000 of compensation from the organization			,	,,,				
		(a) Name and address of each employe	e	(b) Title and averag	ge hours	(C) Reportable	(d) Health bene contributions		e) Estin	nated
		paid more than \$100,000		per week devot	ed to	compensation (Forms W-2/1099-MISC)	employee beni plans, and defe	_{efit} an	nount of	
		NON	IE	position			compensation		ompens	ation
										
				1						
				•		-				
								_		
								-		
	Total nu	mber of other employees paid over \$100,000		L		<u></u>	<u> </u>			
51		e this table for the organization's five highest c	ompensated independe	nt contractors who e	ach receiv	/ed more than \$100.	000 of compe	sation	from th	е
		tion If there is none, enter "None" NON					•			
(a	Name an	d address of each independent contractor paid	I more than \$100,000	(b) Type of	f service	(1) Comp	ensatio	n
										
	Total nu	mber of other independent contractors each re	ceiving over \$100 000							
52		organization complete Schedule A? Note : All se	•	ations and 4947(a)(1) nonexe	mpt				
	charitabl	le trusts must attach a completed Schedule A			·	•	•	Xγ	'es 🗌	No
Decla	r penalties	of perjury I declare that I have examined this return, inc eparer (other than of figer) is based on all information of	cluding accompanying sche which preparer has any kno	dules and statements, a wiedge	nd to the be	st of my knowledge and	belief, it is true,	correct, a	and comp	olete
Sig	ın 📗	Signature of officer Sum					Date			
He		Dalahan Bin	2				6/1	1,	>	
		Type or print name and title	Jus V	reasur.	cv_		3//-	7/	_>_	
		Print/Type preparer's name	Preparer's signature		Date	Check	ıf PTIN			
Pai	id					self- emplo	yed			
Pre	parer									
Us	e Only			•		Firm's EIN	. ▶			
		Firm's address				Phone no	-			
Merri	the IDC =	license this return with the access of an artist	wo 2 Coo restauration					.	/ F	
iviay	THE IND O	iscuss this return with the preparer shown abo	ive Coee instructions						es L	<u>No</u> (2011)
								1 01111	330-FT	(2011)

' Form 990-EZ (2011)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

DOWNTOWN AMARILLO KIWANIS

Employer identification number

			ION OF AMARI						75	5-603746	68
Part I	Reason	for Public Char	ity Status (All organiz	zations mu:	st complet	e this part	t.) See inst	tructions.			
1	A church, con A school des A hospital or	nvention of churches cribed in section 17 a cooperative hospi	because it is. (For lines of some state of chure of chure of the service organization of conjunction of conjunction of the service organization of conjunction of the service organization o	ches desc chedule E.) described	ribed in se In section	ction 170	(b)(1)(A)(i) (A)(iii).		D. Fataut	ha haanitalla a	
4			operated in conjunction	with a nos	pital desci	ibea in se	ction 170	(D)(1)(A)(II	ı). Enter t	ne nospitai's r	name,
5	A federal, sta An organizati section 170(A community An organizati activities rela income and to See section An organizati An organizati more publicly describes the a Type I	ion operated for the (b)(1)(A)(iv). (Complete, or local government that normally received that normally received that normally received to its exempt for the total to its exempt for the total business that normally received to its exempt for the total business that normally received to its exempt for our related business that the total business that the total properties and operation organized and operations of the total properties of	ent or governmental uniterves a substantial part ite Part II.) section 170(b)(1)(A)(vi). elves: (1) more than 33 inctions - subject to certa axable income (less sections) Part III.) perated exclusively to te perated exclusively for thations described in sectionganization and comples.	t described of its supp (Complete 1/3% of its ain exception 511 takes for public he benefit of 509(a)(1/2) tete lines 1.	d in section ort from a Part II.) support from such safety. Sof, to perform the throughte III - Func	n 170(b)(1 government) rom contrict) no more sinesses a Gee section from the fur on 509(a)(2 in 11h.	butions, me than 33 1 acquired ben 509(a)(4). See sec	nembershild/3% of its y the organical or to carriction 509(a	general p. p fees, are support inization are yout the a)(3). Che	oublic describe ad gross receip from gross inverter June 30, purposes of o eck the box tha	ots from restment 1975. ne or at
f g	foundation m If the organiz supporting of Since August (i) A perso the gove (ii) A family (iii) A 35% of	nanagers and other to ration received a writted rganization, check the total 17, 2006, has the controlled or independent erning body of the sign of a person controlled entity of a	han one or more publicly ten determination from	y supporte the IRS tha ny gift or co lone or tog or (ii) above	d organizatif is a Ty ontribution ether with	tions desc pe I, Type from any	oribed in s	ection 509 e III owing pers	9(a)(1) or s	section 509(a)	
• •	a		(iil) Type of organization (described on lines 1-9 above or IRC section	(iv) Is the organization in col (i) listed in your governing document?		organization in col (i) of your support?		organization in col		(vii) Amount of support	
		-	(see instructions))	Yes	No	Yes	No	Yes	No		
						-					
[otal		-									

	(Complete only if you checked fails to qualify under the tests			-	on railed to quality	under Part III. If the	e organization
<u>Se</u>	ction A. Public Support	·	1 =				
Cale	ndar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					 	
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf				-	_	
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		-		<u> </u>		
_	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a governmental unit or publicly	i					
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4	-d'abd-ada-aba		······································			
	ction B. Total Support		1-				1
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on	1					
	securities loans, rents, royalties	,					
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						1
	business is regularly carried on	<u> </u>					
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)		ļ				
11	Total support. Add lines 7 through 10	<u></u>	<u> </u>	1	1		
	Gross receipts from related activities,	,	•			12	
13	First five years. If the Form 990 is for		's first, second, th	ırd, fourth, or fifth	tax year as a secti	on 501(c)(3)	
50	organization, check this box and stop ction C. Computation of Publ		roontago				▶∟
				(A)			
	Public support percentage for 2011 (I Public support percentage from 2010			column (f))		15	
	33 1/3% support test - 2011. If the c	•	•	on line 13, and line	14 is 33 1/394 or		
	stop here. The organization qualifies				14 15 33 173 70 01	more, check this b	DX and ▶□
ŀ	33 1/3% support test - 2010. If the c				d line 15 is 33 1/3	% or more check t	his box
	and stop here. The organization qual				0 11110 10 13 00 170	70 Of HIOTE, CHECK I	▶ □
17a	10% -facts-and-circumstances tes	•			ne 13. 16a. or 16b	and line 14 is 10%	or more.
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					art iv now the orga	▶ □
t	10% -facts-and-circumstances tes	-	•		•	r 17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ						▶□
18	Private foundation. If the organization						ns ▶ =

Schedule A (Form 990 or 990-EZ) 2011 FOUNDATION OF AMARILLO TEXAS

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sac	ction A. Public Support	alow, please comp	nete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(-1) 2010	(-) 0011	10 T-4-1
	Gifts, grants, contributions, and	(a) 2007	(b) 2006	(6) 2009	(d) 2010	(e) 2011	(f) Total
'	membership fees received. (Do not						
	Include any "unusual grants.")	301.	1,655.	102.	1,715.	1,284.	5,057.
2	_ · · · · · · · · · · · · · · · · · · ·	301.	1,055.	102.	1,713.	1,204.	3,037.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	54,005.	54,066.	54,878.	45,830.	46,274.	255,053.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf				İ		
5	The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge			İ			
6	Total. Add lines 1 through 5	54,306.	55,721.	54,980.	47,545.	47,558.	260,110.
	Amounts included on lines 1, 2, and					. , ,	
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6)	,					260,110.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	54,306.	55,721.	54,980.	47,545.	47,558.	260,110.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,781.	316.	142.	86.	68.	2,393.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	: Add lines 10a and 10b	1,781.	316.	142.	86.	68.	2,393.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						,
	Total support (Add lines 9, 10c, 11, and 12)	56,087.			47,631.		262,503.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organız	ation,
	check this box and stop here						
Se	ction C. Computation of Publi	ic Support Per	rcentage				
	Public support percentage for 2011 (l	• • • •	•	olumn (f))		15	99.09 %
	Public support percentage from 2010					16	98.24 %
<u>Se</u>	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	11 (line 10c, colun	nn (f) divided by lin	e 13, column (f))		17	.91 %
	Investment income percentage from 2					18	1.76 %
19a	a 33 1/3% support tests - 2011. If the more than 33 1/3%, check this box ar						17 is not ►X
b	33 1/3% support tests - 2010. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here . The orga	nization qualifies a	as a publicly suppo	orted organization	▶ □
20	Private foundation, If the organization	n did not check a	box on line 14 19s	or 19h, check th	is how and see ins	tructions	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011 Open to Public Inspection

Name of the organization

DOWNTOWN AMARILLO KIWANIS FOUNDATION OF AMARILLO TEXAS Employer identification number 75-6037468

FOUNDATION OF AMARILLO TEXAS	1 /3-6	03/400
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INC	COME:	
DESCRIPTION OF PROPERTY:		AMOUNT:
AMARILLO NATIONAL BANK		68.
FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, US	TILITIES, AND N	MAINTENANCE:
DESCRIPTION OF EXPENSES:		AMOUNT:
DEPRECIATION		190.
OTHER EXPENSES		736.
TOTAL TO FORM 990-EZ, LINE 14		926.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION OF OTHER EXPENSES:	·	AMOUNT:
CONFERENCES/MEETINGS		1,392.
SPONSORED YOUTH SERVICES		34,908.
COMMUNITY PROJECTS		2,406.
OFFICE EXPENSES		2,014.
TOTAL TO FORM 990-EZ, LINE 16		40,720.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:		
DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER DEPRECIABLE ASSETS	697.	507.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES	:	
DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	3,023.	132.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

DOWNTOWN AMARILLO KIWANIS FOUNDATION OF AMARILLO TEXAS

Employer identification number 75-6037468

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - RAISE FUNDS FOR LOCAL
COMMUNITY AND CHARITIES
FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOMPLISHMENTS:
PROGRAM EXPENSES RELATED TO COMMUNITY AND LOCAL CHARITIES
PROVIDED BY THE ORGANIZATION.
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.